

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601102</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R-C <b>11/06/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KERR HOMES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>10025 NORTHWOODS FOREST DRIVE CHARLOTTE, NC 28214</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 11-6-19. Deficiencies were cited.</p> <p>This facility is licensed for the following service: 10A NCAC 27G .5600C Supervised Living for Developmentally Disabled Adults.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure Fire and Disaster drills in a 24-hour facility were held at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 11-5-19 of the facility's fire and disaster drills revealed: - No 3rd shift fire drill for 1st quarter 2019 - No 1st shift and 3rd shift fire drills for 2nd quarter 2019</p>	V 114	<p><b>RECEIVED</b></p> <p><b>NOV 26 2019</b></p> <p><b>DHSR-MH Licensure Sect</b></p>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*M. Ande Ken* TITLE *Director*

(X6) DATE *11/22/19*

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V 114	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>- No 1st shift and 2nd shift fire drills for 3rd quarter 2019</li> <li>- No 1st and 3rd shift disaster drills for 4th quarter 2018</li> <li>- No disaster drills for 1st quarter 2019</li> <li>- No 1st and 3rd shift disaster drills for 2nd quarter 2019</li> <li>- No 1st and 2nd shift disaster drills for 3rd quarter 2019</li> </ul> <p>Interview on 11-5-19 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- Responsible for making sure the drills are done</li> <li>- He set the dates for the drills and made sure staff completed</li> <li>- Commission on Accreditation of Rehabilitation Facilities (CARF) and State require different drills. The drills were flipped each month per shift to do different drills. He thought they were doing them correctly.</li> <li>- They will work on getting the drills organized.</li> </ul> <p>Interview on 11-5-19 with the House Manager revealed:</p> <ul style="list-style-type: none"> <li>- She had been the House Manager for 3 years</li> <li>- Responsibilities included overseeing the drills and Staff #1 ran the drills</li> <li>- CARF required different drills than the State and that makes it confusing</li> <li>- She will work on getting the drill schedule corrected</li> </ul> <p>Interview on 11-6-19 with the Director revealed:</p> <ul style="list-style-type: none"> <li>- Staff #1 was the "drill person."</li> <li>- His job is to look at the drill documentation</li> <li>- The drills should have been done</li> </ul> <p>This deficiency is a re-cited deficiency and must be corrected within 30 days.</p>	V 114	<p><i>Discussed the drills with staff and Annual interviewer regarding doing drills on the same day together (fire/disaster).</i></p> <p><i>Discussed difference between state and CARF requirements.</i></p>	11/7/19

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V 131	Continued From page 2	V 131		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed and the results documented prior to an offer of employment affecting 1 of 3 audited staff (Staff #3). The findings are:</p> <p>Review on 11-5-19 of Staff #3's record revealed: - Hire date of 8-20-18 - HCPR was accessed on 8-27-18</p> <p>Interview on 11-6-19 with the Director revealed: - Staff #3 did not start working until after his paperwork was completed</p>	V 131	<p>Change staff date of hire to the day he actually started, which was after his background check was complete.</p>	<p>Director 11/7/19</p>